

7

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN

Mary Lenise Cook

Plaintiff(s),

v. Detroit Receiving
Hospital
Emergency Department

Defendant(s).

Case: 2:14-cv-12515
Judge: Battani, Marianne O.
MJ: Grand, David R.
Filed: 06-26-2014 At 09:36 AM
CMP MARY LENISE COOK V DETROIT RECEIVING HOSPITAL (LG)COMPLAINT

- I. Defendant(s). Print the full name for each defendant. If there are more defendants, use additional pages to provide their names.

Name of Defendant(s)

1. Detroit Receiving Hospital + Emergency Department

2.

3.

4.

5.

- II. Statement of claim. Briefly state the facts of your case. Describe how each defendant is involved, and exactly what each defendant did, or failed to do. Include names of any other persons involved, dates, and places. You may use additional paper if necessary.

Well you're wrong, it's time to explain the injury!
Let's put myself in a mind of a junkie. If I
inserted a needle in my arm for the first time

by me not being a drug user, I wouldn't know what vein to use! So therefore, I would hit a vein, but the wrong vein, and the hand would start to swell! Explain! Unfortunately, I'm not a junkie! There was no signs of drugs when I enter the emergency department. Then the degradation of this occasion. I am diagnosed with complex regional pain syndrome, which is cause by an injury!

III. Relief. Briefly state exactly what you want the court to do for you.

Settlement offer of \$100,000 workers compensation. This is for general damages which means this compensation for the suffering cause by the malpractice things like physical and mental pain and suffering, loss of enjoyment of life and loss consortium. Since 2012, I have suffer from major depressing disorders, wondering why! A hospital is suppose to care for people not hurt them! And also punitive damages! These damages are meant to punish a physician or medical facility for conduct

that is seriously egregious!
I didn't ask for this injury!

IV. Additional Information. – Briefly enter any additional information, you may use additional paper.


All-in-All, Detroit Receiving Hospital Emergency department, neither the hospital or itself, never admitted that they cause this injury! (6)
See attachments of my statement from that day

V. Demand for Jury Trial. Check this box if you want your case to be decided by a jury, instead of a judge.

☐ Plaintiff demands a jury trial on all issues.

Dated:

6/26/2014


Plaintiff's Signature

Mary L. Cook
Plaintiff's Printed Name

3240 W. Boston 1036
Street Address

Det, MI, 48206
City, State, Zip Code

(313) 645-6809
Telephone Number


E-mail Address

Harper Neurology Clinic

COOK, MARY - H-844015896

* Final Report *

Result type: Harper Neurology Clinic
 Result date: September 27, 2012 00:00
 Result status: Auth (Verified)
 Result title: 51
 Performed by: TSELIS MD, ALEXANDROS C on September 27, 2012 16:43
 Verified by: TSELIS MD, ALEXANDROS C on October 01, 2012 17:09
 Encounter info: 180001014208, HARPER-HUTZEL, Outpatient-Active, 09/27/2012 - 10/28/2012
 Contributor system: MEDQ

* Final Report *

51 (Verified)

HARPER UNIVERSITY HOSPITAL
 DEPARTMENT OF NEUROLOGY

OFFICE VISIT

PATIENT: COOK, MARY
 MR#: 844015896
 UMC#: 10269410
 ACCT#: 180001014208
 DOB: 11/26/1966
 DATE: 09/27/2012

Statement
attachment

HISTORY OF PRESENTING ILLNESS: Ms. Mary Cook is a 45-year-old woman with no current medical problems who came in with chief complaint of pain in the lateral aspect of the forearm and radiating up to the neck and numbness in the right thumb, index, middle and ring fingers.

According to the patient, she was admitted in the month of July for gastric ulcer problems in the hospital. She had an IV placed by an ED nurse. During her hospital course she developed a patch of tingling and numbness almost extending up to her hand from IV site in elbow after which her tingling and numbness resolved. However, she noticed some swelling and pain in the hands.

The patient was discharged home after the workup and at home she noticed that the swelling and pain in her hands were increasing and according to her hand size almost increased up to the size of the boxing glove.

Her swelling gradually decreased and she then followed up with the Sinai Grace Sinai Clinic where she was given a prescription for Vicodin. After she stopped taking Vicodin, she started having pain in the lateral aspect of the forearm and radiating up to the neck.

Printed by: HARRIS, LORETTA D
 Printed on: 03/12/2014 14:36

Page 1 of 4
 (Continued)

7/12/12)

CIVIL COVER SHEET

County in which action arose

44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM)

I. (a) PLAINTIFFS

Mary Lenise Cook

(b) County of Residence of First Listed Plaintiff

(EXCEPT IN U.S. PLAINTIFF CASES)

Wayne
26163

(c) Attorneys (Firm Name, Address, and Telephone Number)

DEFENDANTS

Detroit Receiving Hospital
E.R.

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Wayne
26163

Case: 2:14-cv-12515

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CMP MARY LENISE COOK V DETROIT RECEIVING HOSPITAL (LG)

Plaintiff

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

☐ 1 U.S. Government Plaintiff☒ 3 Federal Question (U.S. Government Not a Party)☐ 2 U.S. Government Defendant☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZEN (For L)

Citizen of This State

☐ 1☐ 1

Incorporated or Principal Place of Business In This State

☐ 4

DEF

Citizen of Another State

☐ 2☐ 2

Incorporated and Principal Place of Business In Another State

☐ 5☐ 5

Citizen or Subject of a Foreign Country

☐ 3☐ 3

Foreign Nation

☐ 6☐ 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT

- ☐ 110 Insurance
☐ 120 Marine
☐ 130 Miller Act
☐ 140 Negotiable Instrument
☐ 150 Recovery of Overpayment & Enforcement of Judgment
☐ 151 Medicare Act
☐ 152 Recovery of Defaulted Student Loans (Excludes Veterans)
☐ 153 Recovery of Overpayment of Veteran's Benefits
☐ 160 Stockholders' Suits
☐ 190 Other Contract
☐ 195 Contract Product Liability
☐ 196 Franchise

TORTS

PERSONAL INJURY

- ☐ 310 Airplane
☐ 315 Airplane Product Liability
☐ 320 Assault, Libel & Slander
☐ 330 Federal Employers' Liability
☐ 340 Marine
☐ 345 Marine Product Liability
☐ 350 Motor Vehicle
☐ 355 Motor Vehicle Product Liability
☐ 360 Other Personal Injury
☒ 362 Personal Injury - Medical Malpractice

PERSONAL INJURY

- ☐ 365 Personal Injury - Product Liability
☐ 367 Health Care/Pharmaceutical Personal Injury Product Liability
☐ 368 Asbestos Personal Injury Product Liability
☐ 370 Other Fraud
☐ 371 Truth in Lending
☐ 380 Other Personal Property Damage
☐ 385 Property Damage Product Liability

PRISONER PETITIONS

- Habeas Corpus:**
☐ 463 Alien Detainee
☐ 510 Motions to Vacate Sentence
☐ 530 General
☐ 535 Death Penalty
Other:
☐ 540 Mandamus & Other
☐ 550 Civil Rights
☐ 555 Prison Condition
☐ 560 Civil Detainee - Conditions of Confinement

FORFEITURE/PENALTY

- ☐ 625 Drug Related Seizure of Property 21 USC 881
☐ 690 Other

LABOR

- ☐ 710 Fair Labor Standards Act
☐ 720 Labor/Management Relations
☐ 740 Railway Labor Act
☐ 751 Family and Medical Leave Act
☐ 790 Other Labor Litigation
☐ 791 Employee Retirement Income Security Act

IMMIGRATION

- ☐ 462 Naturalization Application
☐ 465 Other Immigration Actions

BANKRUPTCY

- ☐ 422 Appeal 28 USC 158
☐ 423 Withdrawal 28 USC 157

PROPERTY RIGHTS

- ☐ 820 Copyrights
☐ 830 Patent
☐ 840 Trademark

SOCIAL SECURITY

- ☐ 861 HIA (1395ff)
☐ 862 Black Lung (923)
☐ 863 DIWC/DIWW (405(g))
☐ 864 SSID Title XVI
☐ 865 RSI (405(g))

FEDERAL TAX SUITS

- ☐ 870 Taxes (U.S. Plaintiff or Defendant)
☐ 871 IRS—Third Party 26 USC 7609

OTHER STATUTES

- ☐ 375 False Claims Act
☐ 400 State Reapportionment
☐ 410 Antitrust
☐ 430 Banks and Banking
☐ 450 Commerce
☐ 460 Deportation
☐ 470 Racketeer Influenced and Corrupt Organizations
☐ 480 Consumer Credit
☐ 490 Cable/Sat TV
☐ 850 Securities/Commodities/Exchange
☐ 890 Other Statutory Actions
☐ 891 Agricultural Acts
☐ 893 Environmental Matters
☐ 895 Freedom of Information Act
☐ 896 Arbitration
☐ 899 Administrative Procedure Act/Review or Appeal of Agency Decision
☐ 950 Constitutionality of State Statutes

V. ORIGIN (Place an "X" in One Box Only)

☒ 1 Original Proceeding☐ 2 Removed from State Court☐ 3 Remanded from Appellate Court☐ 4 Reinstated or Reopened☐ 5 Transferred from Another District (specify)☐ 6 Multidistrict Litigation

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Brief description of cause:

Injury

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

\$100,000

CHECK YES only if demanded in complaint:

JURY DEMAND:

☐ Yes☒ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

IN ACCORDANCE WITH LOCAL RULE 83.11

1. Is this a case that has been previously dismissed?

☐ Yes
☒ No

If yes, give the following information:

Court: _____

Case No.: _____

Judge: _____

2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)

☐ Yes
☒ No

If yes, give the following information:

Court: _____

Case No.: _____

Judge: _____

Notes :

New LawsUIT Check List

Instructions: Put a check mark in the box next to each appropriate entry to be sure you have all the required documents.

☒ Two (2) completed **Civil Cover Sheets**.

Enter the number of defendants named in your lawsuit in the blank below, add 2 and then enter the total in the blank.

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☒ 1 + 2 = 3 **Complaints.**
of Defendants Total

Received by Clerk: [Signature] Addresses are complete: [Signature]

☐ If any of your defendants are **government agencies**:
Provide two (2) extra copies of the **complaint** for the U.S. Attorney and the Attorney General.

If Paying The Filing Fee:

If Asking That The Filing Fee Be Waived:

☐ Current new civil action filing fee is attached.

Fees may be paid by check or money order made out to:

Clerk, U.S. District Court

Received by Clerk: _____ Receipt #: _____

☒ Two (2) completed **Application to Proceed in District Court without Prepaying Fees or Costs** forms.

Received by Clerk: [Signature]

Select the Method of Service you will employ to notify your defendants:

Service via Summons by Self

Service by U.S. Marshal (Only available if fee is waived)

Service via Waiver of Summons (U.S. Government cannot be a defendant)

☐ Two (2) completed **summons** for each defendant including each defendant's name and address.

Received by Clerk: _____

☒ Two (2) completed **USM – 285 Forms** per defendant, if you are requesting the U.S. Marshal conduct service of your complaint.

☒ Two (2) completed **Request for Service by U.S. Marshal** form.

Received by Clerk: [Signature]

☐ You need not submit any forms regarding the Waiver of Summons to the Clerk.

Once your case has been filed, or the Application to Proceed without Prepaying Fees and Costs has been granted, you will need:

- One (1) **Notice of a Lawsuit and Request to Waive Service of a Summons** form per defendant.
- Two (2) **Waiver of the Service of Summons** forms per defendant.

Send these forms along with your filed complaint and a self-addressed stamped envelope to each of your defendants.

Clerk's Office Use Only

Note any deficiencies here: